

FILED MAY 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'State File No.

16528

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 3967

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3802 McRee				STREET ADDRESS (If rural, give location) 17 3802 McRee			
3. NAME OF DECEASED (Type or Print) a. (First) Thomas		b. (Middle) J.		c. (Last) Chalk		4. DATE OF DEATH (Month) (Day) (Year) 5/2/55	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED? WIDOWED, DIVORCED (Specify) W		8. DATE OF BIRTH 6/5/1901	
9. AGE (In years last birthday) 53		10. IF UNDER 1 YEAR Days 10		11. IF UNDER 14 HRS. Hours 27		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work doing during most of working life, even if retired) electrician				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (City and State or Foreign Country) England				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Thomas Chalk				13b. MOTHER'S MAIDEN NAME Catherine Fleming			
14. NAME OF HUSBAND OR WIFE May							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. 497-10-16443			
17. INFORMANT'S SIGNATURE OR NAME Mrs. C. Chalk				ADDRESS 3802 McRee (Tolhurst)			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thromboses Sudden ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Heart Disease DUE TO (c) none II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none			
19a. DATE OF OPERATION none				19b. MAJOR FINDINGS OF OPERATION none			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR? 4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from 4/22, 1955, to 4/25, 1955, that I last saw the deceased alive on 4/25, 1955, and that death occurred at 8A m., from the causes and on the date stated above.							
23a. SIGNATURE Preston C. Hall MD				23b. ADDRESS 3902 Lafayette			
23c. DATE SIGNED 5/3/55							
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/4/55		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial		24d. LOCATION (City, town, or county) (State) St. Louis	
DATE REC'D BY LOCAL REG. MAY 4 1955		REGISTRAR'S SIGNATURE Charles Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE D. A. Howard		ADDRESS 1619 So. Grand	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *G. W. Wilkinson*

Licensed Embalmer No. *35*

P. O. Address..... *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.